

Substitute for form 1449/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)		Application Number	To Be Assigned 10/821360
		Filing Date	Herewith 4/9/04
		First Named Inventor	Clyde H. Boyer
		Art Unit	Unknown 2636
		Examiner Name	Unknown LAM PHAM
Sheet 1 of		Attorney Docket No.	BOYZ 2 00018-1

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	AS					
	AT					

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
	AU		
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Examiner Signature	<i>Lampham</i>	Date Considered	10/13/04
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